

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7862
Registrar's No. 74

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>1M-14 DA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>				d. STREET ADDRESS (If rural, give location) <u>Pine Creek Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma</u>		a. (First)		b. (Middle)		c. (Last) <u>BURNETT</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept 12 1881</u>	
9. AGE (In years, last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rooming House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DK</u>		11. BIRTHPLACE (State or foreign country) <u>DK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>DK</u>		13a. FATHER'S NAME <u>DR H B Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>DK Miller</u>		14. NAME OF HUSBAND OR WIFE <u>DK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp No 1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>24 H</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Jan 23, 1950</u> , to <u>March 7, 1950</u> that I last saw the deceased alive on <u>March 6, 1950</u> , and that death occurred at <u>3:45 AM.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>M J Miller</u>		23b. ADDRESS <u>Fulton State Hospital</u>		23c. DATE SIGNED <u>3-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Marble Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 7-1950</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>			
ADDRESS <u>426</u>		ADDRESS <u>NUTESVILLE</u>				ADDRESS <u>MO</u>	

(Licensed Embalmer's Statement for Review, Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

-----District File Number-----

District Health Officer No. 9,

RECEIVED MAR 13 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4070

P. O. Address Luttsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.